



U.S. Department of Agriculture

Forest Service

Career Intern Program Statement of Interest

1. TYPE/FIELD OF WORK YOU ARE APPLYING FOR:

PART A. APPLICANT'S INFORMATION

2. NAME (Last, First, Middle)

  
  

3. ARE YOU A U.S. CITIZEN? (Check applicable box below. Only U.S. Citizens are eligible for his program.)

☐ Yes ☐ No

4. BIRTHPLACE (City and State, Country and State, or Foreign Country)

  
  

5. TEMPORARY MAILING ADDRESS (Including Zip Code)

  
  

6. PERMANENT MAILING ADDRESS (Including Zip Code)

  
  

7. TEMPORARY TELEPHONE NUMBER (Including Area Code)

8. PERMANENT TELEPHONE NUMBER (including Area Code)

9. E-MAIL ADDRESS

10. VETERAN'S PREFERENCE (Check applicable box that applies to you.)

☐ NONE ☐ 5-POINT ☐ 10-POINT DISABILITY ☐ 10-POINT COMPENSABLE  
☐ 10-POINT OTHER ☐ 10-POINT COMPENSABLE/30 PERCENT

(Attach Form DD-214, Report of Transfer or Military Discharge, and Form SF-15, Application for 10-Point Veteran's Preference, or Department of Defense or Department of Veterans Affairs documentation as appropriate.)

PART B. EDUCATIONAL BACKGROUND

11. NAME AND ADDRESS OF COLLEGE OR UNIVERSITY ATTENDED

12. COLLEGE OR UNIVERSITY TELEPHONE NUMBER (Area Code)

		13. MAJOR/GRADUATE PROGRAM	
14. DATE OF GRADUATION (MM-DD-YYYY) Date must be within six months of application date if you have not completed college.	15. GRADE POINT AVERAGE	16. LIST OF FOREIGN LANGUAGES	
17. COMMUNITY SERVICE EXPERIENCE			
18. AWARDS (Include dates, types of award, monetary value, etc.)			
19. LEADERSHIP EXAMPLES:			

PART C. GEOGRAPHIC LOCATIONS (Please check the following geographic locations (states) where you wish to work.)			
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii

<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine
<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico
<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas
<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	

PART D. APPLICANT'S CERTIFICATION AND SIGNATURE	
<i>I certify that, to the best of my knowledge and belief, all of the information I have provided in this application is made in good faith. I consent to the release of information from schools, employers, and other individuals and organizations about my ability and fitness for Federal employment.</i>	
20. APPLICANT'S SIGNATURE	21. DATE (MM-DD-YYYY)
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**APPLICANTS: PLEASE ATTACH YOUR RESUME AND A COPY OF YOUR TRANSCRIPT WITH THIS STATEMENT OF INTEREST.**

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